

Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



Marcos de Niza

Summer Wrestling Clinic

Grades 1st - 12th



- ◆ The wrestling (two week) camp is designed to help young men develop the necessary fundamentals needed to become sound wrestlers. Other equally important objectives are teaching the values of hard work, honest effort, sportsmanship and respect for themselves and fellow competitors.
- ◆ Instructions will be under the direction of **Marcos de Niza High School wrestling coach Jim Weed** whose teams have won state championships in 1997, 2002, 2003 & 2004.
- ◆ Camp shirts will be given to all participants

Dates & Times

July 6-9 (Mon-Thurs) and July 12-15 (Mon-Thurs)

Week 1: (July 6-9): 1-6 grade: 12:30-2pm
7-12 grade: 2:15-4:15pm

Week 2: (July 12-15): 1-6 grade: 12:30-2pm
7-12 grade: 2:15-4:15pm

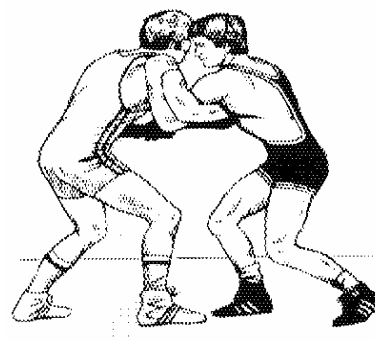
Location

Marcos de Niza High school
(Corner of Guadalupe Rd. and Lakeshore Dr.)

Cost

2 week camp= \$50.00 (grade 1-6)

2 week camp = \$65 (grade 7-12)



QUESTIONS???

Please call Bobbi Jones at 480-350-5267

Registration

1. Use the attached form and mail or bring to the Parks and Recreation Office, 3500 S. Rural Road, Tempe, 85282.
2. Fee includes a T-Shirt, Visa/MC, Cash, or Check (payable to "City of Tempe")
3. Report to the Marcos de Niza High School Wrestling room on the first day of the camp

REGISTRATION CODE (CIRCLE ONE):

WRES-1C

(\$50.00)

Grades 1-6

WRES-2C

(\$65.00)

Grades 7-12

FEE ASSISTANCE AVAILABLE

Summer Wrestling Clinic

Registration Form

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

SCHOOL _____ GRADE _____ AGE _____ WEIGHT _____

E-MAIL ADDRESS: _____

Waiver of Liability: With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. I will require the following accommodation to participate: _____

Signature of Parent or Guardian _____

Date _____